

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

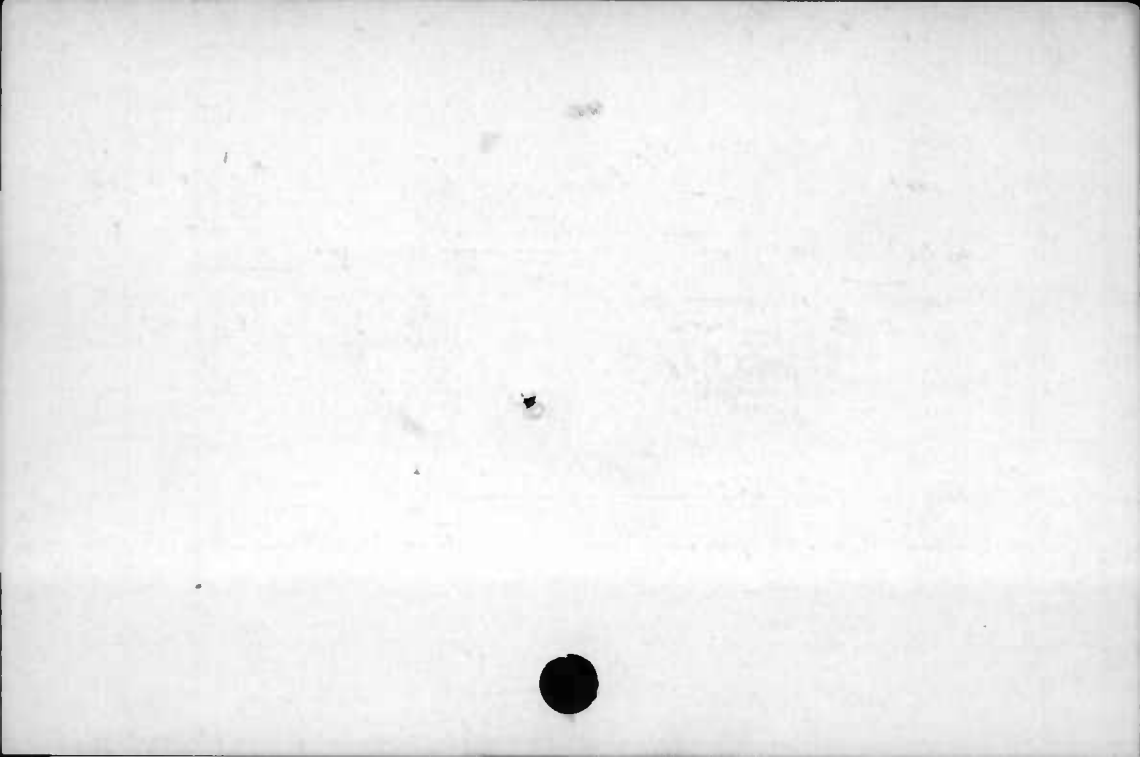
*Amelia Goller, 2/4/44*

 CERTIFICATE OF DEATH

Died at			Town			County			MARYLAND		
Date of death		190	Month	Feb	Day	11	Age	Years	Months	2	Days
Sex		Female		Color or Race		Caucasian		Birth-place		Caucasian	
Occupation						Where Residing if not at place of death					
Married, Single or Widowed						Name of Wife or Husband					
Father's Name						Father's Birthplace					
Mother's Maiden Name						Mother's Birthplace					
Name of person giving information						How related to deceased					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Insanity</i>	How long	<i>(15)</i>
	Immediate		How long	<i>(21)</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of	
	Accident or Suicide?		Address	



Name

in Full

## CERTIFICATE OF DEATH

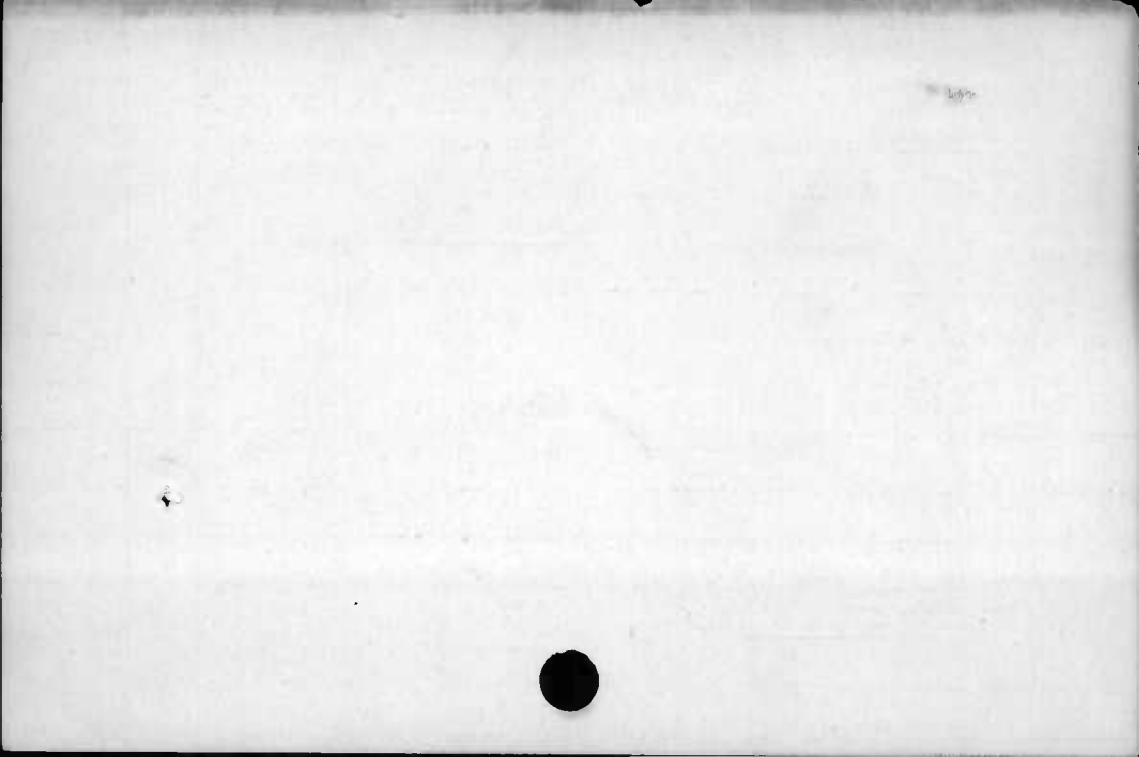
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>North Hill</i>		Town <i>Calvert</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1906	Month	Feb.	Day	16	Age	56
Sex	male	Color or Race	Caucasian	Birthplace	Calvert-Camden	Months	
Occupation	Oysterman	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	Sophia Isness				
Father's Name	Henry Isness				Father's Birthplace	franchise	
Mother's Maiden Name	Mellie Isness				Mother's Birthplace	Calvert Co	
Name of person giving information	his mother				How related to deceased	mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>supposed to Heart Disease</i>		How long	<i>2</i>
Immediate			How long	<i>2</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?		<i>DBrooks Bros</i>		



Name in Full

Certificate of Death

Margaret J Hutchins

Town

County

Died at

Bromens

Calvert

MARYLAND

Date 1896 Feb 6 Age 66 Native of Calvert Co. Housewife  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 3

Husband of John J Hutchins  
 Wife of John J Hutchins

Father's Name Gabriel Brown Mother's Name Mariola

Cause of Death { Primary Tuberculosis  
 Immediate Expiration 27 How long sick 1 m.o.  
 Accident, Suicide, Homicide

Reported by Dr. Esch Paddy

Address Burston

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1896



Name  
in  
Full

Mrs Rachel D. Loving

## CERTIFICATE OF DEATH

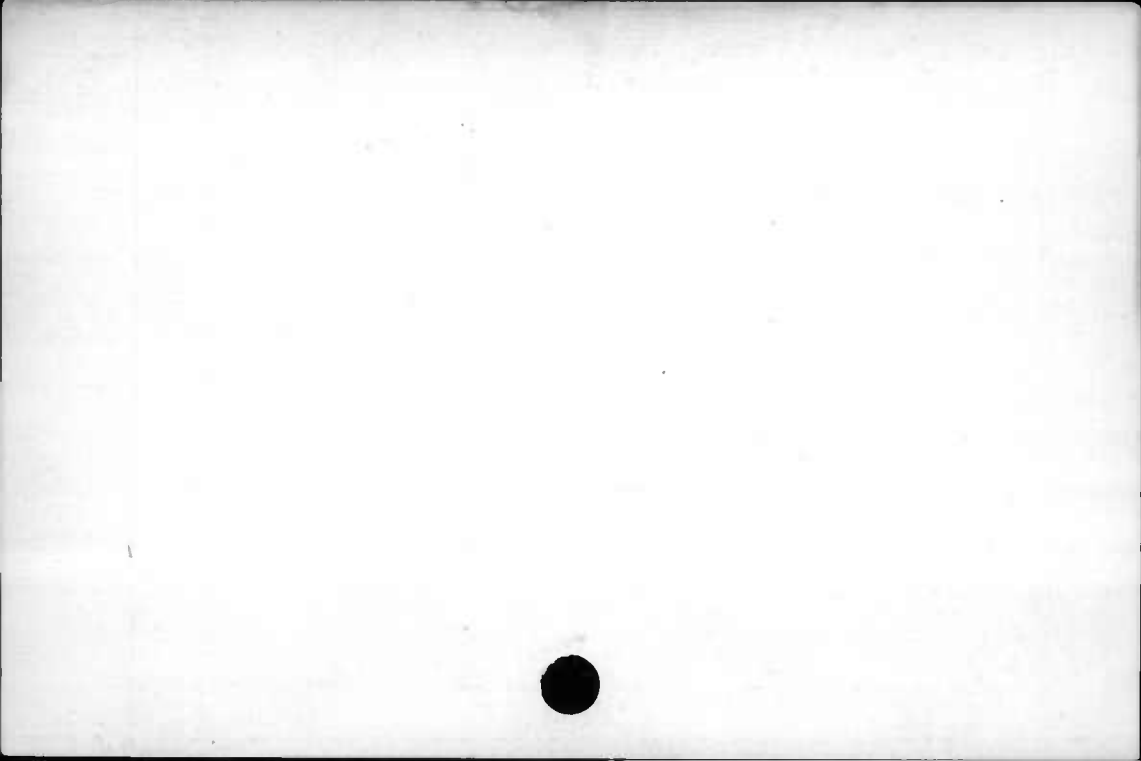
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Feb.	1	Age 41	5	9	
Sex	Female	Color or Race	White		Birth-place	Calvert Co.	
Occupation	Housewife		Where Residing If not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name		John R Sasser			Father's Birthplace		
Mother's Maiden Name		Mary Jane Gibbons			Mother's Birthplace		
Name of person giving information		John R Sasser			How related to deceased		
					Father.		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	4 years
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Thos. M. Chaney	
Address		Chaney, Md.	
Accident or Suicide?			





Name in Full		Beatrice Mackall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Pomona		County Calvert		MARYLAND
	Date of death	1906	Month Feb	Day 2	Age	Years	Months 5
	Sex	Female		Color or Race	Black		Birth- place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name			Father's Birthplace			
	Mother's Maiden Name			Mother's Birthplace			
PHYSICIAN OR CORONER	Name of person giving In formation			How related to deceased			
	John Mackall			Cal. des.			
	Father Opper			" "			
	Eaton Harrison			None			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary			Whispering cough (4)			How long
	Immediate			Bronchopneumonia			How long
	Are the name, age, sex, color, date and place correctly given above?			yes			2 wks
	Signature of Physician			J. W. Leitch			5 days
	Address			Huntingtown			
Accident or Suicide?							



Name

TO BE ANSWERED BY  
NEAREST FRIEND

Still borne Infant - Owing to M

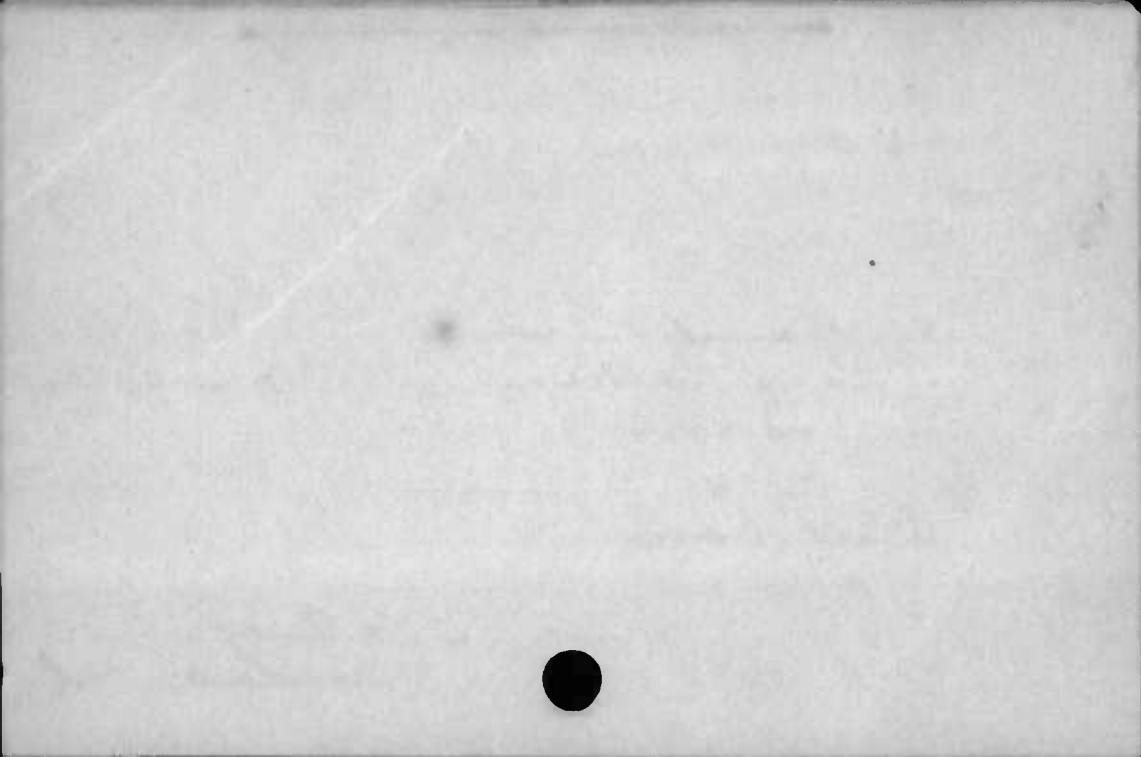
## CERTIFICATE OF DEATH

Died at <i>Owings</i>		Town <i>Owings</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>2</i>	Day <i>6</i>	Age		Years	Months	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Calvert Co</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>John A Owings</i>		Father's Birthplace <i>Friendship</i>		Mother's Maiden Name <i>Lucy Pratt</i>		Mother's Birthplace <i>Mt Harmony</i>	
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Difficult - and Protracted</i>	How long
Immediate <i>Labor</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr J. L. Baayhauer</i>
	Address
Accident or Suicide?	



Name  
in  
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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Parker Creek</i>		Town <i>Parker</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>9</i>	Age	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Leahles</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Nathaniel Parker</i>		Father's Birthplace <i>Leahles</i>					
Mother's Maiden Name <i>Rosy Parker</i>		Mother's Birthplace <i>Leahles</i>					
Name of person giving information <i>S. L. Lather</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. King</i>
	Address <i>Bardonia Md</i>
Accident or Suicide?	

NY 100-100000

NEW YORK  
JAN 10 1964

Name  
in  
Full

*Sophia Rowlings*

2/4/VII.

42  
CERTIFICATE OF DEATH

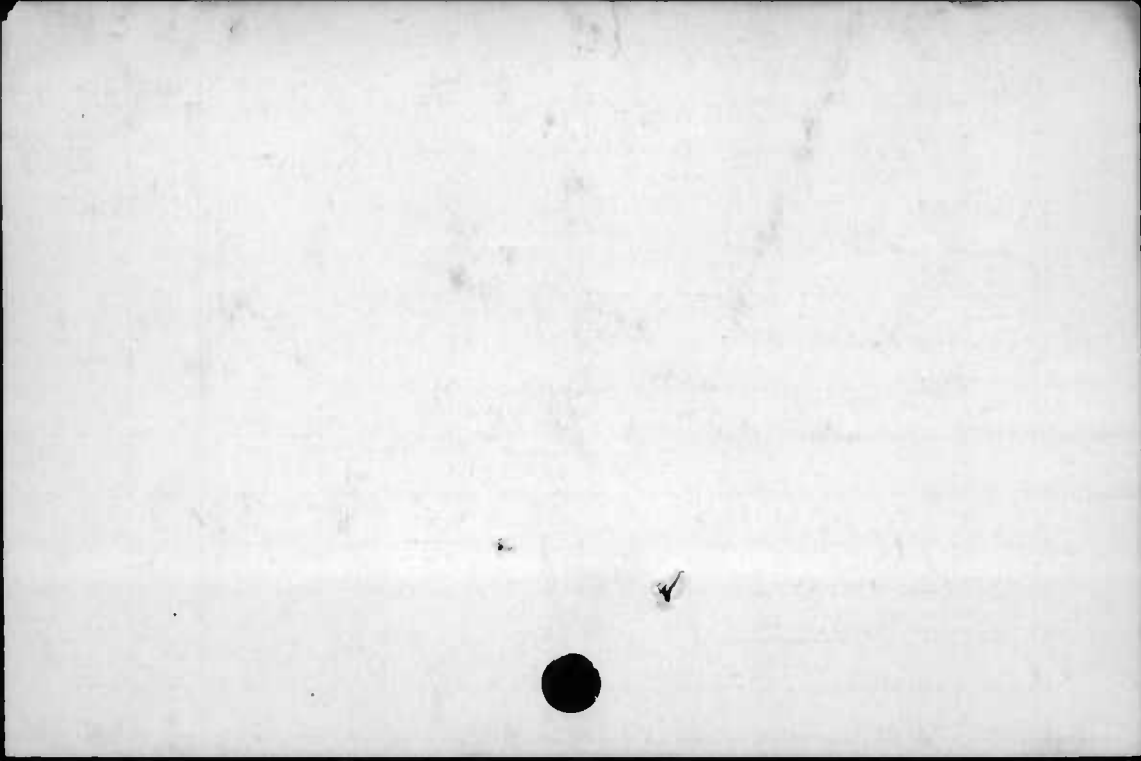
TO BE ANSWERED BY  
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Died at <i>Mutual</i> Town		County <i>Calvert</i>		MARYLAND	
Date of death <i>1906 Feb</i>	Month	Day <i>5</i>	Age <i>9</i>	Years	Months
Sex <i>female</i>	Color or Race <i>Colloid</i>		Birth-place <i>Calvert</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>Mutual</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Bensen Rowlings</i>		Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Sarah Croft</i>		Mother's Birthplace <i>Calvert "</i>			
Name of person giving information <i>Bensen Rowlings</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>4 or 5 days</i>
Immediate <i>Infection, Obstruction</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide? <i>No</i>	<i>Brookline of Brook</i>





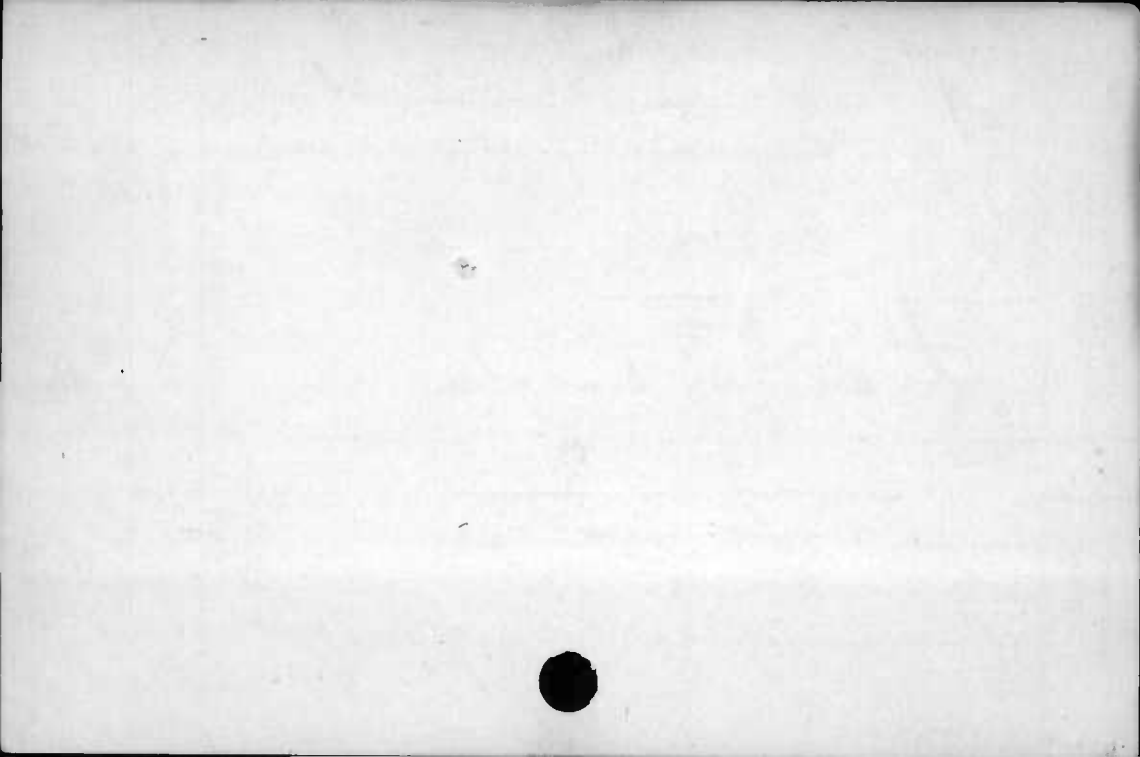
TO BE ANSWERED BY  
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Name in Full <i>Jesse E. Stinnett</i>		CERTIFICATE OF DEATH <i>423</i>	
Died at <i>Island Creek</i> Town <i>Calvert</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb.</i>	Day <i>8</i>	Years <i>53</i>
Sex <i>Male</i>		Color or Race <i>White</i>	Birthplace <i>Calvert Co.</i>
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>_____</i>	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Stinnett</i>		
Father's Name <i>Jesse Stinnett</i>	Father's Birthplace <i>Calvert Co.</i>		
Mother's Maiden Name <i>Ann Buckler</i>	Mother's Birthplace <i>_____</i>		
Name of person giving information <i>Maggie Stinnett</i>	How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 years</i>
Immediate <i>Wet an' cold</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Hootman M.D.</i>
	Address <i>The Undertaker</i>
	<i>Dr. P. Briscoe</i>
Accident or Suicide?	



Name in Full <b>John Ward</b>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Int- Harmony</b> <small>Town</small>		<b>Calvert</b> <small>County</small>		<b>MARYLAND</b>
	Date of death 190 <b>6</b>	Month <b>2</b>	Day <b>27</b>	Age <b>24</b> <small>Years</small>	Months <b>8</b> Days
	Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>A. A. Co Md</b>	
	Married, Single or Widowed <b>Singles</b>		Occupation <b>Laborer</b>		
	Name of Wife or Husband				
	Father's Name <b>John Wm Ward</b>		Father's Birthplace <b>A. A. Co</b>		
PHYSICIAN OR CORONER	Mother's Maiden Name <b>Laura Crosby</b>		Mother's Birthplace <b>A. A. Co</b>		
	Name of person giving information <b>J W Ward</b>		How related to deceased <b>Father</b>		
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary <b>Pericrucious Fever</b>		How long <b>Five days</b>		
	Immediate <b>Coma</b>		How long <b>12 hours</b>		
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>J. L. Brayshaw</b>		
			Address <b>Friendship Md</b>		
Accident or Suicide?					



Name  
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Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *John E. Wiseman*

Town *Parran* County *Calvert*

Died at *Parran*

Date of death *1906* Month *2nd* Day *14* Age *85* Years Months *10* Days

Sex *male* Color or Race *white* Birth-place

Occupation *Blacksmith* Where Residing if not at place of death

Married, Single or Widowed *Not obtainable* Name of Wife or Husband

Father's Name *Not obtainable* Father's Birthplace

Mother's Maiden Name *Not obtainable* Mother's Birthplace

Name of person giving information *Mrs. Wells* How related to deceased *None*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Bronchitis* How long *1 wk.*

Immediate *90* How long

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *J. W. Leitch*

Address *Huntingtown*

Accident or Suicide? ☒

